

2004 ALABAMA FORM 40NR BAR CODE FIELD LAYOUT

10/28/2004

BAR					
FORM	CODE		MAX		
LINE	FIELD		FIELD		
#	#	IDENTIFICATION	LENGTH	TYPE	EDITS, CROSSCHECKS, COMPUTATION, ETC.
HEADER					
	1	Header Version Number	2	AN	Currently "T1"
	2	Developer Code	4	N	Required, Right Justified.Four-digit code used to identify the Software Developer whose application produced the bar code.
	3	Jurisdiction	2	A	Must be AL
	4	Form Number	4	AN	Must be "40NR"
	5	Specification Version	1	N	Must be "0" but increased with each revision of specifications
	6	Tax Year	4	N	Must be "2004"
	7	Taxpayer last name	20	AN	Required NOTE: NO PREFIXES SHOULD BE ALLOWED.IE:MR, MS,MRS, DR, ETC.
	8	Taxpayer first name	20	AN	Required NOTE: NO PREFIXES SHOULD BE ALLOWED.IE:MR, MS,MRS, DR, ETC.
	9	Taxpayer middle initial	1	AN	Required NOTE: NO PREFIXES SHOULD BE ALLOWED.IE:MR, MS,MRS, DR, ETC.
	10	Spouse first name	20	AN	Required NOTE: NO PREFIXES SHOULD BE ALLOWED.IE:MR, MS,MRS, DR, ETC.
	11	Spouse middle initial	1	AN	Required NOTE: NO PREFIXES SHOULD BE ALLOWED.IE:MR, MS,MRS, DR, ETC.
	12	Spouse last name if different from taxpayer last name	20	AN	Required NOTE: NO PREFIXES SHOULD BE ALLOWED.IE:MR, MS,MRS, DR, ETC.
	13	Taxpayer's Address	35	AN	Required - No special characters (e.g. &,-,#)

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	14	Address - City	21	AN	Required - No special characters (e.g. &,-,#)
	15	Address - State	2	AN	Required - U.S. postal standard abbreviation
	16	Address - Zip	9	AN	Required
	17	Primary Taxpayer SSN	9	N	Required
	18	Secondary Taxpayer SSN	9	N	Required if line 2 is checked. Space fill if none available.
1	19	Single - \$1500	1	AN	REQUIRED, X = Yes, blank = No.
2	20	Married Filing Jointly - \$3000	1	AN	REQUIRED, X = Yes, blank = No.
3	21	Married Filing Separately - \$1500	1	AN	REQUIRED, X = Yes, blank = No.
4	22	Head Of Family - \$3000	1	AN	REQUIRED, X = Yes, blank = No.
5	23	Name	25	AN	REQUIRED if Filing status 3 or 4 is selected
	24	Social Security Number	9	N	REQUIRED if Filing status 3 or 4 is selected
	25	Relationship	20	AN	REQUIRED if Filing status 4 is selected
6aA	26	Alabama Withholding - W-2 #1	9	N	Box 17 of W-2 and Box 15 of the W-2 must be AL.
6aB	27	State Wages - W-2 #1	9	N	Box 16 of the W-2
6aC	28	Alabama Taxable Wages - W2 #1	9	N	Box 16 of W-2 and Box 15 of the W-2 must be AL.
6bA	29	Alabama Withholding - W-2 #2	9	N	Box 17 of W-2 and Box 15 of the W-2 must be AL.
6bB	30	State Wages - W-2 #2	9	N	Box 16 of the W-2
6bC	31	Alabama Taxable Wages - W-2 #2	9	N	Box 16 of W-2 and Box 15 of the W-2 must be AL.
6cA	32	Alabama Withholding - W-2 #3	9	N	Box 17 of W-2 and Box 15 of the W-2 must be AL.

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6cB	33	State Wages - W-2 #3	9	N	Box 16 of the W-2.
6cC	34	Alabama Taxable Wages - W-2 #3	9	N	If the taxpayer has more than 3 employers a supplemental schedule should be prepared showing the employer, Alabama withholding and Alabama wages and the totals should be entered on line 6a.
7B	35	Other Income - All sources	9	N	Must equal Line 9B, Part I, Page 2.
7C	36	Other Income - Alabama Sources	9	N	Must equal Line 9C, Part I, Page 2.
8B	37	Total Income - All Sources	9	N	Sum Column B, Lines 6aB, 6bB, 6cB and 7.
8C	38	Total Income - Alabama Sources	9	N	Sum Column C, Lines 6aB, 6bB, 6cB and 7.
9B	39	Total Adjustments to Income - All Sources	9	N	Must equal Line 5B, Part II, Page 2.
9C	40	Total Adjustments to Income - Alabama	9	N	Must equal Line 5C, Part II, Page 2.
10B	41	Adjusted Total Income - All Sources	9	N	Column B, Line 8 minus Line 9.
10C	42	Adjusted Total Income - Alabama	9	N	Column C, Line 8 minus Line 9.
11	43	Alabama Percentage of Adjusted Total Income	9	N	Divide line 10, column C, by line 10, column B (not over 100%) Format ###.##
12B	44	Other Adjustments	9	N	Must equal Line 3B, Part III, Page 2.
12C	45	Other Adjustments	9	N	Must equal Line 5B, Part III, Page 2.
13B	46	Adjusted Gross Income - All Sources	9	N	Column B, Line 10 minus Line 12.
13C	47	Adjusted Gross Income - Alabama	9	N	Column C, Line 10 minus Line 12.
14a	48	Itemized Deduction Indicator	1	A	REQUIRED, X = Yes, blank = No.
14b	49	Standard Deduction Indicator	1	A	REQUIRED, X = Yes, blank = No.

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LINE	FIELD		FIELD		
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14	50	Itemized Deductions/Standard Deduction (Amount)	9	N	If Itemized Deduction checked the amount must equal Line 29, Schedule A. If Standard Deduction checked and Line 2 is checked, the standard deduction is 20% of Line 13 not to exceed \$4000 multiplied by the percentage on line 11. If Lines 1,3, or 4 or checked the standard deduction is 20% of Line 12 not to exceed \$2000 multiplied by the percentage on line 11.
15	51	Federal Income Tax Deduction	9		Must equal the amount from line 7, Part IV, Page 2.
16	52	Personal Exemption	9	N	If Line 1 or 3 checked, then =\$1500 multiplied by the percentage on line 11. If Line 2 or 4 checked then =\$3000 multiplied by the percentage on line 11.
17	53	Dependent Exemption	9	N	Must equal line 4, Part V, Page 2.
18	54	Total Deductions	9	N	Sum lines 14, 15, 16 and 17.
19	55	Taxable Income	9	N	Line 13C minus Line 18C.
20	56	NOL 85-A Indicator	1	AN	REQUIRED, X = Yes, blank = No.
20a	57	Tax Due (Amount)	9	N	Required from Tax Table or Form NOL 85A.
20b	58	Less Credits from Schedule OC	9	N	Must equal Line1, Part G, Schedule OC.
21	59	Net Tax Due Alabama	9	N	Line 20a minus Line 20b.
22	60	Alabama Income Tax Withheld	9	N	Sum of column A, Lines 6a, 6b, and 6c, or sum of withholding in Box 18 of all W-2's, where Box 16 of the W-2 shows AL.
23	61	Amount Paid with Extension	9	N	Prompt preparer to verify that the amount has been paid.
24	62	2004 Estimated/Composite Tax Payments	9	N	Prompt preparer to verify that the amount has been paid.
25	63	Total Payments	9	N	Sum line 22, 23, and 24.
26	64	Amount You Owe	9	N	If Line 21, Net Tax Due Alabama, is greater than Line 25, Total Payments, then Line 21 minus Line 25.

FORM LINE	CODE FIELD		MAX FIELD		
#	#	IDENTIFICATION	LENGTH	TYPE	EDITS, CROSSCHECKS, COMPUTATION, ETC.
27	65	Estimated Tax Penalty	9	N	Calculated by taxpayer or preparer
28	66	Amount Overpaid	9	N	If Line 25, Total Payments, is larger than Line 21, Net Tax Due Alabama, then Line 25 minus Line 21.
29	67	Amount Applied to Your 2005 Estimated Tax	9	N	
30a	68	Senior Services Trust Fund	9	N	
30b	69	AI Nongame Wildlife Fund	9	N	
30c	70	AI Veterans Program	9	N	
30d	71	Penny Trust Fund	9	N	
30e	72	Breast & Cervical Cancer Prog.	9	N	
30f	73	AL 4-H Club	9	N	
31	74	Total Donations and Application to 2004 Estimated Tax	9	N	Sum lines 29, 30a, 30b, 30c, 30d, 30e, and 30f. Cannot exceed Line 28.
32	75	Refunded to You	9	N	Line 28 minus Line 31. Must be equal to or greater than zero (0).
SIGNATURE AREA					
	76	I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer	1	AN	Required - X = yes, blank = no.
	77	Preparer SSN or PTIN	9	AN	Required
PART I, PAGE 2					
1B	78	Interest and Dividend Income-All Sources	9	N	If over \$400.00 must equal line4b, Schedule B
1C	79	Interest and Dividend Income-Alabama	9	N	If over \$400.00 must equal line4c, Schedule B
2B	80	Alimony Received	9	N	
3B	81	Taxable Portion of Pensions and Annuities	9	N	

FORM	CODE		MAX		
LINE	FIELD		FIELD		
#	#	IDENTIFICATION	LENGTH	TYPE	EDITS, CROSSCHECKS, COMPUTATION, ETC.
4B	82	Business Income or Loss - All Sources	9	N	From Federal Schedule C
4C	83	Business Income or Loss - Alabama	9	N	Amount from Federal Schedule C Attributable to Alabama
5B	84	Gain or (Loss) from Sale of Real Estate, Stocks, etc - All Sources	9	N	Must equal line 5B, Alabama Schedule D
5C	85	Gain or (Loss) from Sale of Real Estate, Stocks, etc - Alabama	9	N	Must equal line 5C, Alabama Schedule D
6B	86	Rents, Royalties, Partnerships, Estates, Trusts. etc. - All Sources	9	N	Must equal Line 5B, Alabama Schedule E.
6C	87	Rents, Royalties, Partnerships, Estates, Trusts. etc. - All Sources	9	N	Must equal Line 5C, Alabama Schedule E.
7B	88	Farm Income or (Loss) - All Sources	9	N	Must equal Line 36, Federal Schedule F.
7C	89	Farm Income or (Loss) - Alabama	9	N	Amount from Federal Schedule F Attributable to Alabama
8B	90	Other Income - All Sources	9	N	
8C	91	Other Income - Alabama	9	N	
9B	92	Total Other Income - All Sources	9	N	Sum lines 1B, 2B, 3B, 4B, 5B, 6B, 7B, and 8B of Part I, Page 2.
9C	93	Total Other Income - Alabama	9	N	Sum lines 1C, 4C, 5C, 6C, 7C, and 8C of Part I, Page 2.
PART II, PAGE 2					
1B	94	IRA Deduction, Keogh Retirement Plan, and Self-Employed SEP Deduction - All Sources	9	N	Subject to Federal Limitations but must use Alabama AGI from all sources when determining deductible amount
1C	95	IRA Deduction, Keogh Retirement Plan, and Self-Employed SEP Deduction - Alabama	9	N	Subject to Federal Limitations but must use Alabama AGI from Alabama sources when determining deductible amount
2B	96	Penalty on Early Withdrawal of Savings - All Sources	9	N	Amount from all sources

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3B	97	Moving Expenses - All Sources	9	N	Must equal line 5 of Federal Form 3903.
3C	98	Moving Expenses - Alabama	9	N	Amount attributable to Alabama
4B	99	Self-employed Health Insurance Deduction - All Sources	9	N	Must equal amount on Federal Form 1040, Line28.
4C	100	Self-employed Health Insurance Deduction - Alabama	9	N	Amount attributable to Alabama
5B	101	Total Adjustments To Income - All Sources	9	N	Sum Lines 1B, 2B, 3B, and 4B Part II, Page 2.
5C	102	Total Adjustments To Income - Alabama	9	N	Sum Lines 1C, 3C, and 4C Part II, Page 2.
PART III, PAGE 2					
1	103	Alimony Paid	9	N	
2	104	Adoption Expenses	9	N	
3	105	Total Other Adjustments	9	N	Sum lines 1 and 2
4	106	Percentage	9	N	Must equal line 11, Page 1. Format ###.##
5	107	Deductible Other Adjustments	9	N	Multiply line 3 by line 4
PART IV, PAGE 2					
1B	108	Adjusted Total Income - All Sources	9	N	If married filing separate on Alabama return and joint on federal then Must equal line 10b, Page 1, otherwise must be zero.
1C	109	Adjusted Total Income - Alabama	9	N	If married filing separate on Alabama return and joint on federal then Must equal line 10c, Page 1, otherwise must be zero.
2	110	Spouses Federal Adjusted Gross Income	9	N	If married filing separate on Alabama return and joint on federal then Must equal spouse's federal AGI, otherwise must be zero.
3	111	Total	9	N	Sum lines 1b and 2(Only if lines 1b,1c,2 and 3 are populated).
4	112	Percentage	9	N	Divide line 1c by 3b(Only if lines 1b,1c,2 and 3 are populated)

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5C	113	Federal Income Tax Liability as shown on 2004 return	9	N	
6	114	Percentage	9	N	Must equal line 4 if lines 1-4 are populated otherwise must equal line 11, page 1. Format ###.##
7	115	Federal Income Tax Deduction Allowable	9	N	Multiply line 5c by line 6
PART V, PAGE 2					
1a	116	Dependent SSN #1	9	AN	Required if Line 1b is greater than zero (0).
	117	Dependent SSN #2	9	AN	Required if Line 1b is greater than one (1).
	118	Dependent SSN #3	9	AN	Required if Line 1b is greater than two (2).
1b	119	Total Number of Dependents Claimed	2	N	Sum of Line 1a or if more than four (4) dependents enter the total number of dependents on line 1b.
2	120	Dependent Exemption	9	N	Multiply line 1b by \$300.00
3	121	Percentage	9	N	Must equal line 11, page 1. Format ###.##
4	122	Dependent Exemption Allowable	9	N	Multiply line 2 by line 3
PART VI, PAGE 2					
6	123	Federal Adjusted Gross Income	9	N	
7	124	20SC OR 65C Composite Payment	9	N	
SCHEDULE A					
4	125	Total Medical and Dental Expenses	9	N	Line 1 minus Line 3.
9	126	Total Taxes You Paid	9	N	Sum Lines 5, 6, 7, and 8.
13	127	Total Interest You Paid	9	N	Sum Line 10a, 10b, 11, and 12..
17	128	Total Gifts to Charity	9	N	Sum Lines 14, 15, and 16.

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18	129	Qualified Long-term Care Ins Premiums	9	N	
19	130	Miscellaneous Deductions	9	N	
20	131	Total Itemized Deductions to be Prorated	9	N	Sum lines 4, 9, 13, 17, 18 and 19
21	132	Percentage	9	N	Must equal line 11, page 1. Format ###.##
22	133	Prorated itemized Deductions	9	N	Multiply line 20 by line 21
23	134	Casualty and Theft Losses Loss Deductible	9	N	Line 23a minus line 23b.
28	135	Alabama Job Related Expenses	9	N	Line 26 minus line 27.
29	136	Total Itemized Deductions	9	N	Sum lines 22, 23c and 28
SCHEDULE B					
4B	137	Schedule B - Total Taxable Interest and Dividends-All Sources	9	N	
4C	138	Schedule B - Total Taxable Interest and Dividends-Alabama	9	N	
SCHEDULE OC					
8	139	Part B - Basic Skills Education Credit	9	N	Smaller of Line 6 or Line 7.
4	140	Part C - Rural Physicians Credit	9	N	Smaller of Line 2 or Line 3.
1	141	Part D - Coal Credit	9	N	
1	142	Part E - Enterprise Zone Act Credit	9	N	
1	143	Part F - Project number assigned by the Department of Revenue	9	N	Required if an amount is entered on Line 8, Part D.
8	144	Part F - Capital Credit Allowable	9	N	Enter the smaller of Line 6 or Line 7.
1	145	Part G - Summary Schedule OC - Total Credits Allowable	9	N	Sum Part A, Line 1; Part B, Line 8; Part C, Line 4; Part D Line 1, and Part E, Line 1 and Part F, Line 8

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	146	*EOD*			
		Field Length without delimiters	1283		
		One delimiter per data field	146		
		Total Field Length	1429		